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FACSIMILE TRANSMITTAL SHEET

Deliver to: Examiner A.T. Whittington, Art Unit 2133
Firm Name: U.S. Patent & Trademark Office
Fax Number: 703-746-7239
From: Seth Z. Kalson **Operator:** Anne Collette
Date: December 17, 2003
App. No.: 09/686,469
No. of pages: 12 (including cover sheet)

Client/Matter: 42390.P7257 **Docket Date:** December 19, 2003

Dear Examiner:

Please find the following document(s) attached:

- 1) Fee Transmittal (1 page)
- 2) Response to Office Action (10 pages)

Thank you.

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PTO/SB/17 (10-03)

Approved for use through 07/31/2005. OMB 0651-0032
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FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 110.00)

Complete If Known

Application Number	09/586,969A
Filing Date	October 10, 2000
First Named Inventor	G. Glasser
Examiner Name	A.T. Whittington
Art Unit	2133
Attorney Docket No.	42390.P7257

METHOD OF PAYMENT (check all that apply)

 Check Credit card Money Order Other None
 Deposit Account:

Deposit Account Number

02-2666

Deposit Account Name

Blakely, Sokoloff, Taylor & Zafman LLP

The Director is authorized to: (check all that apply)

Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) or any underpayment of fee(s)
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FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
1001 770	2001 385	Utility filing fee			
1002 340	2002 170	Design filing fee			
1003 530	2003 255	Plant filing fee			
1004 770	2004 385	Reissue filing fee			
1005 160	2005 80	Provisional filing fee			
SUBTOTAL (1) (\$)					110.00

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	-20** =	Extra Claims	Fee from below	Fee Paid
Independent Claims	20	= 0	x 18	= 0
Multiple Dependent	4	- 4** = 0	x 86	= 0

Large Entity	Small Entity	Fee Code (\$)	Fee Code (\$)	Fee Description
1202 18	2202 9	Claims in excess of 20		
1201 88	2201 43	Independent claims in excess of 3		
1203 290	2203 145	Multiple dependent claim, if not paid		
1204 66	2204 145	** Reissue claims in excess of 3		
1205 118.00	2205 9	over original patent		
SUBTOTAL (2) (\$ 0.00)				

*or number previously paid, if greater; For Reissues, see above

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
1051 130	2051 65	Surcharge - late filing fee or oath			
1052 50	2052 25	Surcharge - late provisional filing fee or cover sheet			
1053 130	1053 130	Non-English specification			
1812 2,520	1812 2,520	For filing a request for ex parte reexamination			
1804 920*	1804 920*	Requesting publication of SIR prior to Examiner action			
1805 1,840*	1805 1,840*	Requesting publication of SIR after Examiner action			
1251 110	2251 55	Extension for reply within first month			
1252 420	2252 210	Extension for reply within second month			
1253 950	2253 475	Extension for reply within third month			
1254 1,480	2254 740	Extension for reply within fourth month			
1255 2,010	2255 1,005	Extension for reply within fifth month			
1401 330	2401 165	Notice of Appeal			
1402 330	2402 165	Filing a brief in support of an appeal			
1403 290	2403 145	Request for oral hearing			
1451 1,510	1451 1,510	Petition to Institute a public use proceeding			
1452 110	2452 55	Petition to revive - unavoidable			
1453 1,330	2453 665	Petition to revive - unintentional			
1501 1,330	2501 665	Utility issue fee (or reissue)			
1502 480	2502 240	Design issue fee			
1503 640	2503 320	Plant issue fee			
1460 130	1460 130	Petitions to the Commissioner			
1807 50	1807 50	Processing fee under 37 CFR 1.17(q)			
1808 180	1808 180	Submission of Information Disclosure Stmt			
8021 40	8021 40	Recording each patent assignment per property (times number of properties)			
1809 770	2809 385	Filing a submission after final rejection (37 CFR 1.129(a))			
1810 770	2810 385	For each additional invention to be examined (37 CFR 1.129(b))			
1801 770	2801 385	Request for Continued Examination (RCE)			
1802 900	1802 900	Request for expedited examination of a design application			
Other fee (specify) _____					

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ 110.00)

(Complete if applicable)			
Name (Print/Type)	Seth Z. Kalson	Registration No. (Attorney/Agent)	40,670
Signature	<i>Seth Z. Kalson</i>	Date	December 17, 2003

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